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PTO/SB/222 (09/03)

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|                        | PTO/SB/222 (09/03) |  |  |  |
|------------------------|--------------------|--|--|--|
| Application Number     | 09/539,132         |  |  |  |
| Filing Date            | March 30, 2000     |  |  |  |
| First Named Inventor   | McDonough          |  |  |  |
| Art Unit               | 3624               |  |  |  |
| Examiner Name          | Felten             |  |  |  |
| Attorney Docket Number | CMCDO.00001        |  |  |  |

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| OR   |     |   |         |                |            |          |            |  |  |
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| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b)   |     |   |         |                |            |          |            |  |  |
| is enclosed. (Form PTO/SB/96)  Attorney or Agent of record. Registration Number 43,448   |     |   |         |                |            |          |            |  |  |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number                                |     |   |         |                |            |          |            |  |  |
| SIGNATURE of Applicant or Assignee of Record   |     |   |         |                |            |          |            |  |  |
| Printed or Typed Name Rudolph J. Buchel, Jr. (Attorney for Applicant)  Rudolph J. Buchel, Jr., PC  |     |   |         |                |            |          |            |  |  |
| Signature Sd Bay   |     |   |         |                |            |          |            |  |  |
| Date   | Feb | ruary 6, 2005                           | <i></i> | Те             | lephone (9 | 40) 387- | 0911       |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   |     |   |         |                |            |          |            |  |  |
| Total offorms are submitted.   |     |   |         |                |            |          |            |  |  |

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